

EXHIBIT A

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

CERTIFICATE OF DEATH

Certificate No. [REDACTED]

NEW YORK CITY
DEPARTMENT OF HEALTH2001 OCT -4 P 4:20
DATE FILED1. NAME OF
DECEASED Edelmiro

(Type or print) (First Name) (Middle Name) (Last Name)

Abad

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)				
2. PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH Manhattan	2b. Name of hospital or other facility If not facility, street address World Trade Center	2c. If in Hospital, or Other Facility 1 <input type="checkbox"/> DOA <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year
3. DATE AND HOUR OF DEATH OR FOUND DEAD	3a. (Month) (Day) (Year) September 11, 2001	3b. Hour <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4. SEX MALE	5. APPROXIMATE AGE 54 Years
6. DEATH WAS CAUSED BY: PART 1 a. Immediate cause Physical Injuries (Body Not Found) b. Due to or as a consequence of c. Due to or as a consequence of d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1				INTERVAL BETWEEN ONSET AND DEATH
7a. INJURY DATE (Month) (Day) (Year) September 11, 2001	7b. Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7c. AT WORK <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7d. PLACE OF INJURY- At home Farm, Street, etc. Office Building Office Building	7e. LOCATION World Trade Center
7f. HOW INJURY OCCURRED Office Worker Killed in World Trade Center Disaster				
8. Manner of Death <input type="checkbox"/> Pending Further Study <input type="checkbox"/> Natural <input type="checkbox"/> Accident	<input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input checked="" type="checkbox"/> No Autopsy	10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated. Certifier Signature <i>Charles S. Hirsch</i> M.D.	
11. M.E. Case No.	12a. Date Pronounced Dead (Month) (Day) (Year) (if different from 3a)	12b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: October 4, 2001 Name: (Print): Charles S. Hirsch, M.D.	
PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)				
13. Usual Residence a. State NY	13b. County b. City, Town, or Location Brooklyn	13c. Street & House No. 171 Bay 46th Street	Zip / Apt. No 11214	13e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Served in U.S. Armed Forces No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Specify Years <input checked="" type="checkbox"/> From 1967 To 1969	15. Marital Status (Check One) <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Divorced	16. Name of Surviving Spouse (If wife, give maiden name) Lorraine Abad nee Kissane		
17. Date of Birth (Month) (Day) (Year) of Decedent	18. Age at last birthday 54	19. if under 1 year mos. days	if less than 1 day hours mins	19. Social Security No. [REDACTED]
20a. Usual Occupation Senior Vice President	20b. Kind of business or industry Banking			
21. Birthplace (City & State or Foreign Country) Spain	22. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4	23. Other name(s) by which decedent was known Ed Abad		
24. NAME OF FATHER OF DECEDENT Jacinto Abad	25. MAIDEN NAME OF MOTHER OF DECEDENT Ascension Elvira			
26a. NAME OF INFORMANT Lorraine Abad	26b. RELATIONSHIP TO DECEASED Wife	26c. ADDRESS 171 Bay 46th Street Brooklyn, New York 11214	(CITY) (STATE) (ZIP)	
27a. NAME OF CEMETERY OR CREMATORIAL	27b. LOCATION (City, Town, State and Country)	27c. DATE OF BURIAL OR CREMATION		
28a. FUNERAL ESTABLISHMENT	28b. ADDRESS			

VR 6(194) (9/01) VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.


 Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED

OCT 5, 2001

DOCUMENT NO. [REDACTED]



THE DECREE ENTERED AUTHORIZES THE COLLECTION OF A TOTAL OF \$ 500,000.00 AND INTEREST. THE COLLECTION IN EXCESS OF THAT AMOUNT MUST BE AUTHORIZED BY FURTHER ORDER OF THE SURROGATE.

149617

File # 2001-04595

* CERTIFICATE *

THE PEOPLE OF THE STATE OF NEW YORK
TO ALL TO WHOM THESE PRESENTS SHALL COME OR MAY CONCERN:

SEND GREETING

Know Ye, That we, having inspected the records of our Surrogate's Court in and for the County of Kings, do find that on the 18th day of December, 2001, by said Court,

LETTERS OF ADMINISTRATION

of the goods, Chattels, and credits of

Edelmiro Abad a/k/a Ed Adab
late of the County of Kings, deceased, were granted and committed unto

Lorraine Abad

and that it does not appear by said records that said letters have been revoked.

IN TESTIMONY WHEREOF, we have caused the Seal of the Surrogate's Court of the County of Kings to be hereunto affixed.

WITNESS, Honorable MICHAEL H. FEINBERG Surrogate of our said County of Kings, at the Borough of Brooklyn, the 26th day of December, 2001.

* Seal *

Stephen Chepiga

Stephen Chepiga
Chief Clerk of the Surrogate's Court

THIS CERTIFICATE IS NOT VALID WITHOUT A RAISED SEAL OF THE COURT

212-004330-0041